

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MDV	50	02-17-01
FORMALITY REVIEW	Y	905	3/01/01
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	6/11/01	
2	✓	6/11/01	
3	✓	6/11/01	
4	✓	6/11/01	
5	✓	6/11/01	
6	✓	6/11/01	
7	✓	6/11/01	
8	✓	6/11/01	
9	✓	6/11/01	
10	✓	6/11/01	
11	✓	6/11/01	
12	✓	6/11/01	
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If more than 150 claims or 10 actions  
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